NO. 7268

Doc Code:

Under the Paperwork

PTO/SB/82 (01-06) Approved for use through 12/31/2008. OMB 0651-0035
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

n of information unless it displays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY WITH **NEW POWER OF ATTORNEY** AND

CHANGE OF CORRESPONDENCE ADDRESS

1995, no persons are required to respon	nd to a collection of information y	inless it displays a valid OMB control number.	
	Application Number	10/666,316	
N OF POWER OF EY WITH OF ATTORNEY	Filing Date	September 19, 2003	
	First Named Inventor	DEFAIX, Florence	
	Art Unit	2191	
ND	Examiner Name	STEELMAN, Mary	
SPONDENCE ADDRESS	Attorney Docket Number		

A Power of Attorney is submitted herewith. OR I hereby appoint the practitioners associated with the Customer Number: Please change the correspondence address for the above-identified application to: The address associated with customer Number: OR Firm or Individual Name Address City State ZIP Country Telephone Email I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37CFR 3.73(b) is enclosed. (Form PTO/SB/96) Signature Formula Applicant or Assignee of Record Signature Formula Applicant or Assignee of Record Name Formula Applicant or Assignee of Record NoTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	I hereby revoke all previous powers of attorney given	in the above-iden	tified application	:			
I hereby appoint the practitioners associated with the Customer Number:	A Power of Attorney is submitted herewith.		·				
Please change the correspondence address for the above-identified application to: The address associated with Customer Number:	OR						
The address associated with Customer Number: OR Firm or Individual Name Address City State ZIP Country Telephone Email I am the: Applicant/Inventor. Applicant/Inventor. Applicant/Inventor. Statement under 37CFR 3.73(b) is enclosed. (Form PTC/SB/96) Signature Applicant or Assignee of Record Signature Applicant or Applicant or Assignee of Record Signature Applicant or Applicant or Assignee of Record Name Applicant or Assignee of Record Name Applicant or Assignee of Record NoTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	I hereby appoint the practitioners associated with the Customer Number: 000293						
Customer Number: OR Firm or Individual Name Address City Country Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Name Name Name Name NoTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	Please change the correspondence address for the above-identified application to:						
Firm or Individual Name Address City State ZIP Country Telephone Email I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37CFR 3.73(b) is enclosed. (Form PTO/SB/96) Signature Signature Assignee of Record Signature Name Assignee of Record Counse & Secretary MVS Income Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	The address associated with Customer Number:	<u> </u>					
City Country Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Name Name Name NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	OR						
Country Telephone Email I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37CFR 3.73(b) is enclosed. (Form PTO/SB/96) Signature Signature Name Ann Washington Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signatured.			·				
Country Telephone	Address			i			
Country Telephone							
Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Name Name Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	City	State	ZIP				
I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) Signature Signature Name Arm Wasylinghyn — General Counse + Secretary MKS Inc. Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	Country						
Assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Name Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Telephone	Email					
Signature Signature Name Name Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	i <u>— </u>						
Name Name Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Statement under 37CFR 3.73(b) is enclosed. (Form PTO/SB/96)						
Name Date Date Telephone Secretary MWS No.							
Date Telephone 5/9-883-4372	and the second second						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. Total of forms are submitted.	The state of the s			1KS Inc.			
multiple forms if more than one signature is required, see below*. Total of forms are submitted.		t		4372			
	multiple forms if more than one signature is required, see below*.						
The information of the property to the property of the information in sequinary to obtain a penefit by the public which is to file (and by the							

USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 9 minutes to complete, including gethering, preparing, and submitting the completed application form to the USPTO. Time will vary depending on the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/96 (09-08)
Approved for use through 03/31/2007, OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE U.S. Petent and Trademark Office; U.S. DEPARTMENT OF COMMERCE the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. AUG 2 4 2007 STATEMENT UNDER 37 CFR 3.73(b) Applicant/Patent EFAIX, Florence; DOYLE, Michael; WETMORE, Ross; Application No./Patent No.: 10/666,316 Filed/Issue Date: September 19, 2003 Entitled: VERSION CONTROL SYSTEM FOR SOFTWARE DEVELOPMENT ____ , a <u>corporation</u> MKS Inc. (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.) (Name of Assignee) states that it is: an assignee of less than the entire right, title and interest The extent (by percentage) of its ownership interest is in the patent application/patent identified above by virtue of either: An assignment from the Inventor(s) of the patent application/patent identified above. The assignment was recorded in the United _____014373 , Frame ______0796 , or a true copy of the original States Patent and Trademark Office at is attached. ÓR A chain of title from the inventor(a), of the patent application/patent identified above, to the current assignee as follows: The document was recorded in the United States Patent and Trademark Office at _____, Frame _____, or for which a copy thereof is attached. To: 2. From: The document was recorded in the United States Patent and Trademark Office at _____, Frame _____, or for which a copy thereof is attached. To: 3. From: The document was recorded in the United States Patent and Trademark Office at , Frame _____, or for which a copy thereof is attached. Additional documents in the chain of title are listed on a supplemental sheet. As required by 37 CFR 3.73(b)(1)(l), the documentary evidence of the chain of title from the original owner to the assignee was, or concurrently is being, submitted for recordation pursuant to 37 CFR 3.11. [NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, to record the assignment in the records of the USPTO. See MPEP 302.08] The undersigned (windse title is supplied below) is authorized to act on behalf of the assignee. Typed Mame

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. 80x 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.